| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 |  |   |  |                                   |  |                  |            |   | Application or Docket Number |            |                     |                        |
|--|--|---|--|-----------------------------------|--|------------------|------------|---|------------------------------|------------|---------------------|------------------------|
|  |  | <del></del>                               | (Column 1)                                       |                                   | (Column 2)                             |                  | _          | SMALL ENT                               |                              | OR         | OTHER<br>SMALL I    |                        |
| U.S. NATIONAL STAGE FEES   |  |   | ·  |                                   |  |                  | 1          | RATE                                    | FEE                          |            | RATE                | FEE .                  |
| BASIC FEE  |  |   | SMALL ENT. = \$ 150                              |                                   | LARGE ENT. = \$ 300                    |                  |            | BASIC FEE                               | 1000                         | OR         | BASIC FEE           | À                      |
| EXAMINATION FEE  |  |   | Satisfies PCT Article 33(1)-<br>(4) ± \$50/\$100 |                                   | All other situations = \$ 100 / \$ 200 |                  | 1          | EXAM. FEE                               | 1WW                          |            | EXAM. FEE           |                        |
| SEARCH FEE   |  |   | U.S. is ISA = \$ ALL other cor \$ 200 / \$       | intiles =                         | All other altuations = \$ 250 / \$ 500 |                  |            | SEARCH FEE                              | 900M                         |            | SEARCH FEE          |                        |
| FEE FOR EXTRA SPEC. PGS.   |  |   | min  | us 100 =                          | / 50 <b>=</b>                          |                  |            | X \$ 125 =                              | *                            |            | X \$ 250 =          |                        |
| TOTAL CHARGEABLE CLAIMS  |  |   | / mi   | nus 20:=                          | *                                      |                  |            | X \$ 25 =                               |                              | OR         | X \$ 50 =           |                        |
| INDEPENDENT CLAIMS   |  |   | / п  | ٠                                 |  | 1                | X \$ 100 = |   | OR                           | X \$ 200 = |                     |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                       |  |   |  |                                   |  | 1                | + \$ 180 = | ·                                       | OR                           | + \$ 360 = |                     |                        |
| If the difference in column 1 is less than zero, enter "0" in column 2 |  |   |  |                                   |  |                  | ď          | TOTAL                                   | 450                          | OR         | TOTAL               |                        |
| CLAIMS AS AMENDED - PART II 4 3 6 (Column 1) (Column 2) (Column 3)     |  |   |  |                                   |  |                  | 6          | OTHER THAN SMALL ENTITY OR SMALL ENTITY |                              |            |                     |                        |
| AMENDMENT A  |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUMI<br>PREVIO<br>PAID    | BER '                                  | PRESENT<br>EXTRA |            | RATE                                    | ADDI-<br>TIONAL<br>FEE       |            | RATE .              | ADDI-<br>TIONAL<br>FEE |
|  | Total  | · 7                                       | Minus  | " Q                               | 0_                                     |                  |            | X \$ 25 =                               |                              | OR         | X \$ 50 =           |                        |
|  | Independent                                    | . (                                       | Minus  | *** 3                             | 3                                      | . —              |            | X \$ 100 =                              |                              | OR         | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |  |                  |            | + \$ 180 =                              |                              | OR         | + \$ 360 =          |                        |
| <u>.</u>   | (Column 1) (Column 2) (Column 3)               |   |  |                                   |  |                  |            | TOTAL ADDIT.<br>FEE                     |                              | OR         | TOTAL ADDIT.<br>FEE |                        |
|  |  |   |  |                                   |  |                  |            |   |                              | _          |                     |                        |
|  |  | CLAIMS REMAINING AFTER AMENDMENT          |  | HIGHI<br>NUME<br>PREVIO<br>PAID I | BER<br>BUSLY                           | PRESENT<br>EXTRA |            | RATE                                    | ADDI-<br>TIONAL<br>FEE       |            | RATE                | ADDI-<br>TIONAL<br>FEE |
|  | Total .  | ė   | Minus  | **                                |  | Ė                |            | X \$ 25 =                               |                              | OR         | X \$ 50 =           |                        |
|  | Independent                                    | •   | Minus  | ***                               |  |                  | ].         | X \$ 100 =                              |                              | OR         | X \$ 200 =          |                        |
|  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                   |  |                  |            | + \$ 180 =                              |                              | OR         | +\$360=             |                        |
|  |  |   |  |                                   |  |                  | • 1        | TOTAL ADDIT. FEE                        |                              | OR         | TOTAL ADDIT.<br>FEE |                        |

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3". The "Highest Number Praviously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.